

Position Applied For: _____ Date: _____
Are you a Florida Certified Law Enforcement Officer? _____

City of LAUDERHILL Police DEPARTMENT



Application for Employment / PERSONAL HISTORY STATEMENT

Lauderhill Police Department
6279 West Oakland Park Boulevard
Lauderhill, FL 33313
(954) 497- 4713

www.lauderhillpolice.org

OFFICIAL USE ONLY

**City of Lauderhill, Florida
Police Department
Personal History Statement**

**City of Lauderhill
Human Resources Department
2000 City Hall Drive
Lauderhill, FL 33313
(954) 730-3090**

The City of Lauderhill is an Equal Opportunity Employer

Date Issued: _____ **Name:** _____

Read each question carefully and answer each question accurately and truthfully. An applicant may be disqualified from further processing if the applicant makes a false statement in this application. All entries except signature **must be printed legibly in black ink** in your own handwriting or typed. If space provided is not sufficient for complete answers or you wish to furnish additional information, do so on the supplemental sheets or by attaching sheets of the same size as this application and number your answers to correspond with the questions. Applicants must sign each page. If any question does not apply to you, so state with N/A. **It is your responsibility to have all six (6) forms at the end of this application notarized prior to its return.**

A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION BY ALL APPLICANTS (ORIGINALS DUE UPON REQUEST):

- 1. Birth Certificate
- 2. High School Diploma or GED (transcripts required if GED)
- 3. College Degree(s) (if applicable)
- 4. College Transcripts (school certified/sealed ONLY)
- 5. All Marriage Certificates (issued by State or County, NOT church)
- 6. All Divorce Documents (original petition and final decrees)
- 7. Adoption or Legal Name Change (if applicable)
- 8. DD-214 form stating Honorable Discharge (each branch served)
- 9. Driver's License
- 10. Social Security card
- 11. Naturalization Papers
- 12. Current Auto Insurance card
- 13. Full Driver's History (obtained from the courthouse traffic division)
- 14. 10 year detailed Social Security Report (available from the S.S. Administration Office)
- 15. Basic Training Certificate from CJSTC or State of Florida Certification
- 16. Police In-Service certificates
- 17. Bankruptcy papers (copy of original and final decree if applicable)
- 18. Complete Tax Return for last year
- 19. Current T.A.B.E. Test (minimum score of 12.9 in all categories)
- 20. Swim Test Results
- 21. Current C.J.B.A.T. Results with a minimum score of 80%

ALL DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION, AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED. IF YOU HAVE ANY QUESTIONS, PLEASE CALL FOR CLARIFICATION.

Personal History: Answer all questions completely. Place a “ N/A” in boxes that do not apply.

SECTION 1: PERSONAL HISTORY

1. _____
Last Name First Name Middle Name
2. List all other names you have used, including nicknames, maiden name, or aliases: _____

3. _____ Years _____ Months _____
Residence address (Include apartment number) How long at present residence?
- _____
City County State Zip code
4. _____
Residence Telephone (Area code) Business/Cell Telephone (Include Area Code + Extension)
5. _____ 6. _____
Social Security Number Drivers License Number State State of Issue
7. _____ 8. _____
Date of Birth (Month-Day-Year) Place of birth (city, state, country)
9. _____ 10. _____ 11. _____ 12. _____
Age Sex Height Weight
13. _____
Scars, marks or tattoos (describe type and location)
14. Are you a United States Citizen? Yes () No () If you're a Naturalized citizen provide:
Date: _____ Certificate number: _____ Location: _____
15. Race/Nationality – () White, () African-American, () Hispanic, Asian, () American Indian
Other () Specify: _____
16. Marital Status: Married () Divorced () Separated () Widowed () Never Married ()

Signature: _____

18. List **all residences for the last ten (10) years**, excluding your present address. Begin listing the next most recent address where you presently lived. (If additional space is required, use supplemental sheets as needed).

Month/Year To From	Street Address	City	State	Zip Code
With whom did you reside? Full legal name(s):		Relationship(s):		

Month/Year To From	Street Address	City	State	Zip Code
With whom did you reside? Full legal name(s):		Relationship(s):		

Month/Year To From	Street Address	City	State	Zip Code
With whom did you reside? Full legal name(s):		Relationship(s):		

Month/Year To From	Street Address	City	State	Zip Code
With whom did you reside? Full legal name(s):		Relationship(s):		

Month/Year To From	Street Address	City	State	Zip Code
With whom did you reside? Full legal name(s):		Relationship(s):		

Month/Year To From	Street Address	City	State	Zip Code
With whom did you reside? Full legal name(s):		Relationship(s):		

Month/Year To From	Street Address	City	State	Zip Code
With whom did you reside? Full legal name(s):		Relationship(s):		

19. Have you ever been evicted from any residence? Yes or No. If yes, provide details on supplemental sheet.

Signature: _____

SECTION 2: EMPLOYMENT HISTORY

1. List below your **complete work history**, beginning with your present position and working backwards to your very first employment. List any period of unemployment. Include all part-time employment. All phone numbers and contact information is essential.

(If additional space is needed, use the supplemental pages.)

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

Signature: _____

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

Signature: _____

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

Signature: _____

	Dates worked: Month/Year	Salary	Your Position and Duties	Name of Supervisor	Reason for Leaving
Name:	From: To:				
Address:					
City:	Full Time ()				
State, Zip:	Part Time ()				
Phone:	Hours per Week:				

2. What is your present occupation? _____

3. Are you now engaged in any business as an owner or partner (active or silent)? Yes () No () If yes, give details. _____

4. Have you ever applied for employment with this department, any other police department, public safety department, or any other government agency? Yes () No (). If yes, give details, position(s) sought, dates, agencies and status. _____

5. If previously employed by a law enforcement agency, did you fail to pass probation or resign prior to the end of the probationary period? Yes () No (). If yes, provide details, using supplemental sheets if needed: _____

6. Have you previously been employed by a law enforcement agency? Yes () No () If yes, what agencies and what positions have you held? _____

7. Have you ever been: A) Dismissed by an employer? Yes () No () B) Asked to resign by an employer? Yes () No () C) Had any disciplinary action taken against you from any employment or position you have held? Yes () No (). If yes to any of the above, explain in detail, using supplemental sheets as needed: _____

8. Have you resigned, or left a job by: A) Mutual agreement? Yes () No () B) Following allegations of misconduct? Yes () No () C) Unsatisfactory job performance? Yes () No (). If yes to any of the above, explain in detail: _____

Signature: _____

SECTION 3: EDUCATIONAL HISTORY

☞ Attach transcripts &/or diplomas from each school attended.

1.

Colleges/Universities Name/Address	Dates Attended Month/Year		Years Completed	Did you Graduate?	Type of Degree or Certificate
	From:	To:			
	From:	To:			
	From:	To:			
	From:	To:			
	From:	To:			

Major: _____ Minor: _____ GPA: _____

2.

High School(s) Name/Address	Dates Attended Month/Year		Years Completed	Did you Graduate?	Type of Diploma
	From:	To:			
	From:	To:			
	From:	To:			
	From:	To:			
	From:	To:			

3.

Other Schools: (Military, Trade, or Vocational)	Dates Attended Month/Year		Years Completed	Did you Graduate?	Type of Degree or Certificate
	From:	To:			
	From:	To:			
	From:	To:			

Signature: _____

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition or awards that you received while attending school:

5. Indicate any language, other than English, you can: Speak: _____
Read: _____ Write: _____

6. Describe any special abilities, interests and hobbies including the degree of proficiency: _____

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license): _____

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms): _____

9. Have you used computers or computer terminals in your prior or current position? Yes () No (). If yes, list programs, software used: _____

10. What is your typing speed? _____ Shorthand speed _____

11. Were you ever dismissed from school or college, or was any other disciplinary action, including academic probation, ever taken against you? Yes () No (). If yes, indicate below:

Name of School	Date	Type of Action	Reason

Signature: _____

SECTION 4: PERSONAL REFERENCES

Provide five (5) references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete, full legal name:	Phone Numbers: Home() Cell () Work()
Mailing Address:	Occupation:
	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home() Cell () Work()
Mailing Address:	Occupation:
	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home() Cell () Work()
Mailing Address:	Occupation:
	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home() Cell () Work()
Mailing Address:	Occupation:
	Years Acquainted:

Complete, full legal name:	Phone Numbers: Home() Cell () Work()
Mailing Address:	Occupation:
	Years Acquainted:

Signature: _____

SECTION 5: FAMILY AND PERSONAL RELATIONSHIPS

List in order given, showing relationships (parents, guardians, step-parents, brother, sisters, children, step-children) even if deceased:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Signature: _____

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Complete, full legal name:	Phone Numbers: Home()
Relationship:	Cell () Work()
Mailing Address:	Occupation:
	Date of Birth:

Signature:_____

SECTION 6: ARREST / COURT HISTORY

AS AN APPLICANT YOU MUST LIST ANY AND ALL ARRESTS EVEN IF RECORDS WERE SEALED, EXPUNGED OR OTHERWISE CLOSED TO PUBLIC INSPECTION, PURSUANT TO F.S.S. 943.058.

1. Have you ever had an arrest, charge, conviction, guilty plea or any other criminal matter expunged from your record as either a juvenile or as an adult? Yes () No (). If yes, explain in detail using supplemental sheets if needed: _____

2. Have you ever been placed on probation for a criminal matter by a federal, state or local court in the United States of America or any other country? Yes () No (). If yes, explain in detail, listing court location, charge and disposition. _____

3. Have you ever been detained in, incarcerated in or served a sentence in any youth home, jail, prison, penitentiary or other detention facility? Yes () No (). If yes, explain in detail _____

4. Have you ever been questioned by police or any other law enforcement agency, anywhere, anytime? Yes () No (). If yes, please provide details: _____

5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc)? Yes () No (). If yes, please provide details. _____

6. Have you ever been reported or listed as a missing person? Yes No . If yes, explain. _____

7. Were you ever summoned or subpoenaed to court in a civil proceeding, or were you ever a party (plaintiff or defendant) in a civil action in this state or elsewhere? Yes () No (). If yes, explain in detail below. _____

Signature: _____

SECTION 7: DRIVING HISTORY

1. Do you possess a Florida: Operator's License? Yes () No (). Chauffeur's License? Yes () No ().
License Number: _____ Expiration date: _____
Restrictions: _____ Endorsements: _____

2. Do you possess a C.D.L. (Commercial Driver's License)? Yes () No ().
License Number: _____ Expiration Date: _____

3. Do you now, or did you ever possess an operator's and/or a chauffeur's license issued by any state other than Florida? Yes () No (). If yes, specify state, number and expiration date. _____

4. How many years have you operated a motor vehicle? _____

5. Was your license, operator's and chauffeur's ever suspended or revoked? Yes () No (). If yes, explain in detail, using supplemental sheets as needed: . _____

6. How many vehicles do you currently own or lease, including joint ownership? _____

Year _____	Make _____	Model _____	Tag Number _____	Color _____
Year _____	Make _____	Model _____	Tag Number _____	Color _____
Year _____	Make _____	Model _____	Tag Number _____	Color _____
Year _____	Make _____	Model _____	Tag Number _____	Color _____

7. Have you ever been refused auto insurance? Yes () No ().

8. Indicate below every traffic ticket received in this state or elsewhere (excluding parking violations).

Date	Offense	Location	Age at time	Issuing Agency

Use supplemental sheets if needed.

Signature: _____

9. List all accidents, including fatalities:

Date	At Fault?	Injuries Involved	Estimated Total Damage	Investigating Agency

Use supplemental sheets if needed.

Section 8: SELECTIVE SERVICE

1. Are you registered with Selective Service? Yes () No ().
If yes, give date registered: _____ Board Location: _____

Section 9: MILITARY HISTORY

1. Have you ever served in active duty in the Armed Forces? Yes () No ()
Branch of Service: _____ Highest Rank: _____
Serial Number: _____ Duty Dates: From: _____ To: _____
Date and type of discharge: _____
Medical Discharge: Yes () No () General Discharge: Yes () No ()
If medical discharge, have you been given any impairment ratings and restrictions? Yes () No (). If yes, explain: _____

2. Are you now or have you ever been a member of any military reserve or National Guard Organization? Yes () No (). If yes, give details: _____

3. Are you required to attend military training meetings? Yes () No (). If yes, explain in detail including date obligation is completed: _____

4. List any specialized schools you attended while in the armed forces: _____

5. List all commendations and citations awarded to you as a member of the armed forces: _____

6. Have you ever served in a military or paramilitary organization of any foreign government? Yes () No (). If yes, give details, including type of discharge: _____

Signature _____

7. Were you ever court-martialed, tried on charges, or were you a subject of a summary court, Captain's Mast, Article 15, company punishment, Page 7, or any other disciplinary action? Yes () No (). If yes, explain in detail, including reason, type of disciplinary action, dates, charges, and final disposition, using supplemental sheets if necessary: _____

SECTION 10: FINANCIAL HISTORY

1. Are you or your spouse indebted to anyone? Yes () No (). If yes, please list all debts over \$250.00 Be sure to include student loans and charge accounts. Also, list any debt where payment was past due, regardless of the amount.

Creditor	Address	Balance
		Total:

2. What is your total, average monthly payment, specify below:

Type	Amount Paid	Type	Amount Paid
Mortgage/Rent		Auto Payment(s)	
Electric/Gas		Auto Insurance	
Telephone/Cellular		Credit Card(s)	
Water		Loans	
Child Care		Food	
Child Support		Other (Specify)	
Alimony		Total Monthly Payments:	

3. Have you, your spouse or a company controlled by you ever filed for bankruptcy? Yes () No () Or declare bankrupt? Yes () No () or had a legal judgment rendered against you for a debt? Yes () No (). If yes to any of these questions, please provide details: _____

4. Have you ever been denied credit? Yes() No () If yes, explain in detail: _____

5. Have your accounts ever been placed in control of a collection agency or reported as a "bad debt"? Yes () No (). If yes, please give details using supplemental sheets as needed: _____

Signature: _____

6. If you are responsible for child support, has legal action ever been taken against you for failing to make payment or delaying payments? Yes () No (). If yes, give details: _____

7. If applicable, how are your child support payments made? Court () Payroll deduction ()

8. Have you ever had any personal property repossessed? Yes () No (). If yes, give details: _____

9. Have you ever failed to file city, state, or federal income tax returns? Yes () No () If yes, give details: _____

SECTION 11: DRUG HISTORY

1. Have you ever sold any type of illegal drug (e.g. marijuana, prescription narcotic or non-prescription narcotic)? Yes () No (). If yes, give details: _____

2. Have you ever possessed illegal drugs within the past five (5) years? Yes () No (). If yes, give details: _____

3. List **ALL** illegal drugs used within the past five (5) years in the table below:

Name/Type of Drug Used	Dates (Month/Year) From: To:	Total times used during period
1.		
2.		
3.		
4.		
5.		

4. Do you use alcoholic beverages? Yes () No (). If yes, describe and explain your usage frequency and quantities: _____

SECTION 12: MISCELLANEOUS

1. Do you presently live with your spouse? Yes () No (). If so, name: _____

2. Have you ever been separated/divorced because of marital difficulties? Yes () No (). If yes, name of previous spouse: _____

3. Does your spouse support your decision to become a police officer? Yes () No ().

Signature: _____

1. Ermitteln Sie die Kennzahl: _____

e. Permanent shifts? Yes () No ()

[illegible]

Signature:_____

SUPPLEMENTAL SHEETS:

List the number of each question and the corresponding answer:

[illegible]

Signature:_____

[illegible]

Signature:_____

SUPPLEMENTAL SHEETS:

Signature:_____

AFFIDAVIT

1. Applicant must sign the following certification in the presence of a Notary Public.

I hereby certify that there are no material omissions, misrepresentation in or falsifications of the above statements and answers to questions in this application. I am aware that should any subsequent inquiry reveal material omissions, misrepresentation and/or falsifications, my applications may be rejected and any possibility for future employment with the City of Lauderhill will be jeopardized. If after my acceptance for employment, material omissions, misrepresentations and/or falsifications in my application are discovered, I understand that I may be subject to discipline, including but not limited to termination.

Signature of Applicant: _____

Date _____

State of Florida }

County of Broward }

On this _____ day of _____, 20_____, Before me personally appeared

To me personally known or who produced identification (type of identification)

him/her to be the same person described in and who executed the foregoing document, who having been duly sworn (or affirmed before me), stated that to the best of _____ knowledge and belief the statements and answers to questions in the foregoing questionnaire contained, whether in writing or print, are true.

Signature of Notary _____

Name of Notary _____

Title or Rank of Notary _____

Serial number, if any _____

My commission expires: _____

Signature: _____

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

TO ALL APPLICANTS:

The following information is being gathered by the City of Lauderhill for research, affirmative action, and Federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you that this information will not be used to evaluate your application and will be kept confidential

Name _____
(Last) (First) (Middle Initial)

Position for which you are applying? _____ Today's date _____

Sex : Male Female Date of birth: _____
(month) (day) (year)

RACIAL/ETHNIC DATA: (check one)

The category "Black" includes persons of African descent as well as those persons identified as Jamaican, Trinidadian and West Indian.

The category "Asian" includes Asian-Americans and persons of Japanese, Chinese, Korean or Filipino descent and Pacific Islanders.

The category "Hispanic" includes Mexican, Chicanos, Mexican-Americans Latinos, and all persons of Puerto Rican, Cuban, Latin American or Spanish descent.

The category "American Indian" includes persons who identify themselves, or are known as such, by virtue of tribal association.

The category "White" includes Whites, Anglo-Saxons, Europeans and persons of Indo-European descent including Pakistani and East Indian.

The category "Other" includes Aleuts, Eskimos, Malaysians, Thais and others not covered by a specific category. If this category is checked, indicate specific ethnicity or national origin: _____

Signature: _____

TO ALL APPLICANTS:

This section refers to applicants who have a disability. Information you might provide is strictly voluntary on your part and is only requested to allow the City to identify reasonable accommodations that could be made to allow you to safely and properly perform the essential functions of the job, should you be hired:

1. Do you consider yourself to be an individual with a disability? Yes No
2. If so, what is the nature of your disability? (Complete on next page)_____.
3. Please list any special skills you might possess which would allow you to perform a job that you might not otherwise be able to do because of your disability? (Complete on next page)_____.
4. What reasonable accommodations would you require in order to perform properly and safely the essential functions of the job for which you are applying? (Complete on next page)_____.

VETERANS:

Have you claimed and been employed through veterans' preference since October 1, 1987

Yes No . If yes, give name of employer.

You need not provide any information relating to any physical condition or other impairment arising from your military experience. If your DD214 has medical information, it will not be used to evaluate your application.

1. Are you a veteran entitled to disability compensation under the laws administered by the U.S. Veterans Administration for a disability of 30% or more? Yes No
2. Are you a veteran with a compensatable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense?
3. Are you the spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power? Yes No
4. If a veteran of any war, as defined in Section 55A-7.003 (11) of the rules, did you serve on active duty for 181 consecutive days or more, or serve 180 consecutive days or more since January 31, 1955, and was discharged or separated therefrom with an honorable discharge from our U.S. Armed Forces if any part of such active duty was performed during the wartime era. Active duty for training shall not be allowable. Did you serve on active duty 1 day during the Persian Gulf war between August 2, 1990 and February 27, 1991?
Yes No
5. Are you the unmarried widow or widower of a veteran who died of a service-connected disability? Yes No

Signature: _____

VETERANS POINTS:

If you are claiming veteran's preference points, please attach hereto copy of your Honorable Discharge certificate (DD214 or similar). Also check the "Employment opportunities" announcement posted for the position for which you are applying.

Signature: _____ **Date** _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature:_____



Lauderhill Police Department
6279 W. Oakland Park Blvd.
Lauderhill, Florida 33313

Waiver of Confidential Records

Permission is hereby given to any agency of the government of the United States, any municipal corporation or political subdivision of this state or any other state or agency or department thereof, and any other agency, person, firm or corporation holding records considered confidential concerning me, to furnish the Lauderhill Police Department all information and copies thereof desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in the possession of information concerning me, to supply such information to the Lauderhill Police Department.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, complete history of injuries suffered, including disability remaining, education records or any other personal information which may not otherwise be obtained without any prior agreement.

Signature: _____

Print Name: _____

If veteran, give grade, service number and branch of service, or name of other Federal Agency.

AFFIDAVIT

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
By _____

(Signature of Notary Public- State of Florida)

(Print, type of stamp commissioned name of Notary Public)

Personally known _____ or produced identification _____

Type of Identification _____

**Lauderhill Police Department
6279 W. Oakland Park Blvd.
Lauderhill, Florida 33313**

APPLICANT CERTIFICATION

I, _____, am being considered for employment for the position

Of _____. I understand that the attached personal history booklet is considered part of my official application for the above position. By signing this document, I hereby certify that all information contained in the attached personal history booklet and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and that there is no material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigative process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from City service and/or subject to prosecution for the criminal violation of perjury as specified in section 837.012, Florida statutes.

I consent to submitting to the following background investigative procedures which may include, but not limited to: truth verification, medical evaluation, drug detection, psychological evaluation, fingerprint processing, job interview and other means as deemed necessary and proper by the City of Lauderhill Police Department to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand that I must successfully complete the above-mentioned processes.

I understand that the City of Lauderhill/Lauderhill Police Department, will not reimburse any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

I understand and consent to all of the above statements and conditions.

Date

Signature of Applicant

Sworn to and subscribed before me this _____ **day of** _____, **20**_____.

My commission expires: _____.

Notary Public _____.

AFFIDAVIT

Applicant must sign the following certification in the presence of a Notary Public.

I hereby certify that there are no material omissions, misrepresentation in or falsifications of the above statements and answers to questions in this application. I am aware that should any subsequent inquiry reveal material omissions, misrepresentation and/or falsifications, my applications may be rejected and any possibility for future employment with the City of Lauderdale will be jeopardized. If after my acceptance for employment, material omissions, misrepresentations and/or falsifications in my application are discovered, I understand that I may be subject to discipline, including but not limited to termination.

Signature: _____

Date: _____

State of Florida }

County of Broward }

On this _____ day of _____, 20_____, before me personally appeared _____ personally known or who produced identification (type of identification) _____

him/her to be the same person described in and who executed the foregoing document, who having been duly sworn (or affirmed before me), stated the to the best of _____ knowledge and belief the statements and answers to questions in the foregoing questionnaire contained, whether in writing or print, are true.

Signature of Notary _____

Name of Notary _____

Title or Rank of Notary _____

Serial Number, if any _____

My commission expires _____

Signature: _____



Florida Department of
Law Enforcement

Authority For Release of Information (Background Investigation Waiver)



CJSTC
58

To: *Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records*

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____.

Notary Public

Personally Known _____ - **or** - Produced Identification _____

Type of Identification Produced: _____



Florida Department of
Law Enforcement

Authority For Release of Information (Background Investigation Waiver)



CJSTC
58

To: *Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records*

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

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Applicant's Signature _____ Date _____

Applicant's Address _____

AFFIDAVIT

STATE OF _____ COUNTY OF _____

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Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____.

Personally Known _____ - **or** - Produced Identification _____

Type of Identification Produced: _____

Effective: 8/9/2001

Original – Employing Agency



Florida Department of
Law Enforcement

Authority For Release of Information (Background Investigation Waiver)



CJSTC
58

To: *Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records*

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

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AFFIDAVIT

STATE OF _____ COUNTY OF _____

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Notary Public

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